Cremation Amendment Regulations 2026

Order in Council

At Wellington this day of 2026

Present:
in Council

These regulations are made under section 37 of the Burial and Cremation Act 1964 on the advice and with the consent of the Executive Council.

Contents

Regulations

1 Title

These regulations are the Cremation Amendment Regulations 2026.

2 Commencement

These regulations come into force on 7 May 2026.

3 Principal regulations

These regulations amend the Cremation Regulations 1973.

4 Regulation 2 amended (Interpretation)

(1) In regulation 2, definition of **approved crematorium**, replace paragraph (b) with:

(b) that is not subject to a closing notice under regulation 3(3) or section 41(2) of the Act

(2) In regulation 2, revoke the definition of **biomechanical aid**.

(3) In regulation 2, insert in their appropriate alphabetical order:

long-term residential care has the same meaning as in section 11 of the Residential Care and Disability Support Services Act 2018

specialist palliative care means care provided—

(a) by 1 or more health practitioners with expertise in palliative and end-of-life care; and

(b) to a person with an advanced and progressive condition that—

(i) is life-limiting or life-threatening; and

(ii) requires specialist care; and

(c) for the purpose of managing the symptoms caused by that condition

5 Regulation 3 amended (Establishment and closing of crematoria)

(1) In the heading to regulation 3, replace "**Establishment**" with "**Management**".

(2) Revoke regulation 3(1).

(3) Replace regulation 3(2) with:

(2) A person must not continue to use a crematorium for the purpose of cremation—

(a) if the Minister has directed under subclause (3) that the crematorium be closed; and

(b) that direction has not been revoked under subclause (3A).

(4) After regulation 3(3), insert:

(3A) The Minister may, by notice in the *Gazette*, revoke a direction made under subclause (3) if the Minister is satisfied that the matters that led to the decision to close the crematorium have been remedied.

6 Regulation 7 amended (Duties of Medical Referee)

(1) After regulation 7(1), insert:

(1A) Despite subclause (1), a Medical Referee may permit a cremation if—

(a) regulation 7A applies and a certificate in form BA of Schedule 1 has been given by a medical practitioner or nurse practitioner who is required or permitted by section 46B(2) of the Act to give a certificate of cause of death for the death; and

(b) the death has not been, and is not required to be, reported under the Coroners Act 2006 to a coroner.

(2) In regulation 7(4)(a), after "form B", insert "or form BA".

7 New regulation 7A inserted (Deaths from natural causes in long-term residential care or specialist palliative care)

After regulation 7, insert:

7A Deaths from natural causes in long-term residential care or specialist palliative care

(1) If this regulation applies, a medical practitioner or nurse practitioner who is required or permitted by section 46B(2) of the Act to give a certificate of cause of death for a death may give a certificate in form BA of Schedule 1.

(2) This regulation applies if—

(a) the deceased was, at the time of their death, receiving—

(i) long-term residential care in New Zealand; or

(ii) specialist palliative care in New Zealand; and

(b) a health practitioner has identified the body and considers that the circumstances of the death are consistent with the deceased dying from natural causes; and

(c) the medical practitioner or nurse practitioner does not consider that the death is unexpected.

8 Schedule 1 amended

(1) In Schedule 1, form A, paragraph 9A, replace "biomechanical aid" with "battery-powered device".

(2) In Schedule 1, replace forms AB and B with the forms AB, B, and BA set out in the Schedule of these regulations.

Schedule
Forms AB and B in Schedule 1 replaced

r 8

Form AB
Certificate in relation to cardiac pacemakers and other battery-powered devices

r 7

Cremation Regulations 1973

I certify that I have examined the body of [*full name*], [*address*], [*occupation*].

Select the statement that applies.

I am satisfied that the body does not contain a cardiac pacemaker or any other battery-powered device.

or

The body contains a [*specify type*] cardiac pacemaker or battery-powered device, and I am satisfied that this is not a device that needs to be removed before cremation.

or

The body contains a [*specify type*] cardiac pacemaker or battery-powered device that must be removed before cremation.

Date:

Signature:

Registered qualifications:

Address:

Form B
Certificate of medical practitioner or nurse practitioner

r 7

Cremation Regulations 1973

I have been informed that an application will be made for the cremation of the body of [*full name of deceased*], [*address*], [*occupation*].

As a medical practitioner or nurse practitioner who is required or permitted by section 46B, 46C, or 46CA of the Burial and Cremation Act 1964 to give a certificate of cause of death (as defined in section 2(1) of that Act) for the death, and who has seen and identified the body after death, I give the following answers to the questions set out below:

1 On what date and at what hour did the deceased die? [*specify*]

2 Where did the deceased die? [*give address and say whether own residence, lodgings, hotel, hospital, nursing home, etc*]

3 Are you a relative of the deceased? Y/N*

*Select one.

If **yes**, state the relationship:

4 Have you, so far as you are aware, any pecuniary interest in the death of the deceased? Y/N*

*Select one.

If **yes**, specify the nature of the interest:

5 Were you the ordinary medical practitioner or nurse practitioner of the deceased? Y/N*

*Select one.

If **yes**, for how long? [*state how many weeks, months, or years*]

6 Did you attend the deceased before the deceased's death? Y/N*

*Select one.

If **yes**, for how long? [*state how many weeks, months, or years*]

7 If you attended the deceased before their death, when did you last see the deceased alive? [*state how many hours or days before death*]

8 (a) How soon after death did you see the body? [*specify*]

(b) What steps did you take to satisfy yourself as to the fact of death? [*specify*]

(c) How did you establish the identity of the deceased person? [*specify*]

9 What was the direct cause of death? [*specify the injury or condition that directly caused the death or assisted dying and the time interval between the onset of the condition and death in years, months, or days*]

10 What was the antecedent cause of death (if any)? [*specify any morbid condition(s) that gave rise to the direct cause of death (from most recent to oldest) and the time interval between the onset of the condition and death in years, months, or days*]

11 Did another condition contribute to death, eg, another acute or chronic disease, substance use or abuse, or a dangerous occupation? Y/N*

*Select one.

If **yes**, which condition and what was the time interval between the onset of the condition and death in years, months, or days? [*specify*]

12 In relation to the causes of death and the duration of such causes, state to what extent your answers are founded on your own observations or on statements made by others. If on statements made by others, give their names and their relationship to the deceased: [*specify*]

13 What was the mode of death if not by assisted dying? [*specify*]

14 Did the deceased undergo any operation during the final illness or within a year before death? Y/N*

*Select one.

If **yes**, what was its nature, when was it performed, and who performed it? [*specify*]

15 Who nursed the deceased during their last illness? [*If the death occurred in a hospital, rest home, or hospice facility, this question may be answered by referring generally to the nursing staff in a specified ward, rest home, or hospice facility, but otherwise give names and say whether professional nurse, relative, etc. If the illness was a long one, this question should be answered with reference to the period of 4 weeks before death.*]

16 What medical practitioners or nurse practitioners (besides yourself, if applicable) attended the deceased during their last illness? [*specify*]

17 In view of your knowledge of the deceased's habits and constitution, do you feel any doubt as to the cause of the deceased's death? [*specify*]

18 Do you know, or have you any reason to suspect, that the death of the deceased was due, directly or indirectly, to—

(a) violence: Y/N*

(b) poison: Y/N*

(c) privation or neglect: Y/N*

(d) an illegal operation: Y/N*

*Select one.

If you answered **yes** to any of paragraphs (a) to (d), give reasons.

19 Have you any reason to think that there should be a further examination of the body? [*specify*]

20 Have you given the certificate of cause of death (as defined in section 2(1) of the Burial and Cremation Act 1964) for the death? [*specify*]

I certify that—

(a) the answers given above are true and accurate to the best of my knowledge and belief; and

(b) I am not aware of any circumstances that give rise to a suspicion that the death was due wholly or partly to any cause other than that stated that would mean it is undesirable to cremate the body.

Date:

Signature:

Registered qualifications:

Address:

Note

This certificate must be handed or sent in a closed envelope by the medical practitioner or nurse practitioner who signs it to a Medical Referee.

Form BA

Certificate of medical practitioner or nurse practitioner (deaths from natural causes in long-term residential care or specialist palliative care if medical practitioner or nurse practitioner has not seen and identified body)

r 7

Cremation Regulations 1973

I have been informed that an application will be made for the cremation of the body of [*full name of deceased*], [*address*], [*occupation*].

As a medical practitioner or nurse practitioner who is required or permitted by section 46B(2) of the Burial and Cremation Act 1964 to give a certificate of cause of death (as defined in section 2(1) of that Act) for the death, I give the following answers to the questions set out below:

1 On what date and at what hour did the deceased die? [*specify*]

2 Where did the deceased die? [*give address and say whether own residence, rest home, hospital, etc*]

3 Are you a relative of the deceased? Y/N*

*Select one.

If **yes**, state the relationship:

4 Have you, so far as you are aware, any pecuniary interest in the death of the deceased? Y/N*

*Select one.

If **yes**, specify the nature of the interest:

5 Were you the ordinary medical practitioner or nurse practitioner of the deceased? Y/N*

*Select one.

If **yes**, for how long? [*state how many weeks, months, or years*]

6 For how long did you attend the deceased before the deceased's death? [*state how many weeks, months, or years*]

7 When did you last see the deceased alive? [*state how many hours or days before death*]

8 Has a health practitioner identified the body? Y/N*

*Select one.

If **yes**, answer the following questions:

(a) Who was it? [*specify the name, profession, registration number, and contact details of the health practitioner*]

(b) Did the health practitioner verify that the deceased is dead? Y/N*

*Select one.

(c) Did the health practitioner consider that the circumstances of the death were consistent with the deceased dying from natural causes? Y/N*

*Select one.

(d) What enquiries did you make to determine that the health practitioner identified the body, verified the death of the deceased, and assessed that the circumstances of the death were consistent with the deceased dying from natural causes? [*specify*]

9 What was the direct cause of death? [*specify the condition that directly caused the death and the time interval between the onset of the condition and death in years, months, or days*]

10 What was the antecedent cause of death (if any)? [*specify any morbid condition(s) that gave rise to the direct cause of death (from most recent to oldest) and the time interval between the onset of the condition and death in years, months, or days*]

11 Did another condition contribute to death, eg, another acute or chronic disease, substance use or abuse, or a dangerous occupation? Y/N*

*Select one.

If **yes**, which condition and what was the time interval between the onset of the condition and death in years, months, or days? [*specify*]

12 In relation to the causes of death and the duration of such causes, state to what extent your answers are founded on your own observations or on statements made by others. If on statements made by others, give their names and their relationship to the deceased: [*specify*]

13 What was the mode of death? [*specify*]

14 Did the deceased undergo any operation during the final illness or within a year before death? Y/N*

*Select one.

If **yes**, what was its nature, when was it performed, and who performed it? [*specify*]

15 Who nursed the deceased during their last illness? [*If the death occurred in a hospital, rest home, or hospice facility, this question may be answered by referring generally to the nursing staff in a specified ward, rest home, or hospice facility, but otherwise give names and say whether professional nurse, etc. If the illness was a long one, this question should be answered with reference to the period of 4 weeks before death.*]

16 Besides yourself, which other medical practitioners or nurse practitioners (if any) attended the deceased during their last illness? [*specify*]

17 In view of your knowledge of the deceased's habits and constitution, do you feel any doubt as to the cause of the deceased's death? [*specify*]

18 Do you know, or have you any reason to suspect, that the death of the deceased was due, directly or indirectly, to—

(a) violence: Y/N*

(b) poison: Y/N*

(c) privation or neglect: Y/N*

(d) an illegal operation: Y/N*

*Select one.

If you answered **yes** to any of paragraphs (a) to (d), give reasons.

19 Have you any reason to think that there should be a further examination of the body? [*specify*]

20 Have you given the certificate of cause of death (as defined in section 2(1) of the Burial and Cremation Act 1964) for the death? [*specify*]

I certify that—

(a) the answers given above are true and accurate to the best of my knowledge and belief; and

(b) in my opinion the death was not unexpected; and

(c) I am not aware of any circumstances that give rise to a suspicion that the death was due wholly or partly to any cause other than that stated that would mean it is undesirable to cremate the body.

Date:

Signature:

Registered qualifications:

Address:

Note

This certificate must be handed or sent in a closed envelope by the medical practitioner or nurse practitioner who signs it to a Medical Referee.

Clerk of the Executive Council.

Explanatory note

This note is not part of the regulations but is intended to indicate their general effect.

These regulations, which come into force on 7 May 2026, amend the Cremation Regulations 1973 (the **principal regulations**).

The amendments remove the requirement for a medical practitioner or nurse practitioner to identify a body before cremation if—

- the person died while receiving long-term residential care or specialist palliative care in New Zealand; and
- a health practitioner has identified the body and considers that the circumstances of the death were consistent with the deceased dying from natural causes; and
- the death is not unexpected in the opinion of a medical practitioner or nurse practitioner who is required or permitted by section 46B(2) of the Burial and Cremation Act 1964 (the **Act**) to give a certificate of cause of death for the death; and
- the death is not required to be reported to a coroner under the Coroners Act 2006.

In this case,—

- the medical practitioner or nurse practitioner who is required or permitted by section 46B(2) of the Act to give a certificate of cause of death for the death may complete a certificate in *form BA in Schedule 1* instead of *form B*, which allows the medical practitioner or nurse practitioner to rely on the identification of the body conducted by the health practitioner and the opinion of that health practitioner that the circumstances of the death were consistent with the deceased dying from natural causes; and
- *form AB in Schedule 1* (which relates to pacemakers and other devices) is not required to be completed.

These regulations also:

- revoke *regulation 3(1)* to remove the requirement for the Minister to provide written approval to begin to use a crematorium (ministerial approval under section 38(2) of the Act is still required to construct a crematorium); and
- provide that the Minister may revoke a notice to close a crematorium if satisfied that the matters that led to the decision to close the crematorium have been remedied; and
- make minor amendments to *form B in Schedule 1* to simplify and modernise the text; and
- modernise *form AB in Schedule 1* to reflect that some pacemakers and other devices do not need to be removed from the body before cremation and that, if they do need to be removed, they are not usually removed by the medical practitioner or nurse practitioner who is completing the form.

Issued under the authority of the Legislation Act 2019.
Date of notification in *Gazette*:
These regulations are administered by the Ministry of Health.